

Name of Party or Representative

Address \_\_\_\_\_

Telephone \_\_\_\_\_

☐ Claimant    or    ☐ Employer

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

_____	)	AB No.: _____
Claimant,	)	
	)	DCD No.: _____
vs.	)	
	)	Accident Date: _____
_____	)	
Employer,	)	
	)	
and	)	
	)	
_____	)	
Insurance Carrier.	)	
_____	)	

NOTICE OF NON-HEARING MOTION  
AND  
CERTIFICATE OF SERVICE

NOTICE IS HEREBY GIVEN that the Motion attached hereto has been filed with the Labor and Industrial Relations Appeals Board. Should you oppose the attached Motion, please file a memorandum in opposition no later than the close of business of the seventh (7<sup>th</sup>) calendar day after the date of the Certificate of Service identified below.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

I hereby certify that a copy of the foregoing document was sent to the following by means of hand-delivery and/or U.S. Mail, postage prepaid at the last known address(es):

Dated: \_\_\_\_\_.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_